

**County of Los Angeles - Department of Mental Health**

**Quality Improvement Work Plan Implementation Status Report FY 2012-2013  
December 2013**

**Prepared by: Program Support Bureau, Quality Improvement Division**

**NAME OF REPORT:**

PATIENTS' RIGHTS OFFICE (PRO) OUTPATIENT REQUESTS FOR CHANGE OF PROVIDER

**QUALITY IMPROVEMENT IMPLEMENTATION STATUS REPORT**

The California Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.440 (a) (5) requires that the MHP demonstrate a QI Work Plan that includes goals and monitoring activities to ensure beneficiary satisfaction. One aspect of this monitoring activity is the annual review of requests for changing provider. Whenever feasible and at the request of the beneficiary, the MHP needs to provide an opportunity to change the provider of Specialty Mental Health Services (SMHS), including the right to culture-specific providers. The Quality Improvement Division works closely with PRO to evaluate effectiveness of the processes involved in requesting a change of provider.

The LACDMH has established policies and procedures including the Beneficiary Problem Resolution Process, 202.29; and Request for Change of Provider, 200.02. Policy 200.02, Request for Change of Provider, provides a formal process for clients to request a change in provider that specifies timelines for providers to respond to the request, and procedures to follow when reporting such requests to the Patients' Rights Office (PRO).

Improvements have been realized in the following area:

- The Request for Change in Provider is now available in Spanish.

**Summary of Findings** (the following is from data that was received 7/25/2011, 10/22/2012, and 10/08/13, 10/09/13, and 10/21/13 from PRO:)

**TABLE 1: OUTPATIENT REQUEST FOR CHANGE OF PROVIDER (RCP)  
GRIEVANCES: FIVE YEAR TREND  
FY 08-09 TO FY 12-13**

	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13
<b>RCP Grievances</b>	13	2	3	6	4
Percent	3.1%	0.4%	0.5%	0.8%	0.36%
<b>RCP Total</b>	426	527	635	738	1123

Table 1 shows that in FY 12-13 the total RCP was 1123 of which 4 went to a formal grievance. In FY 11-12 the total RCP was 738, out of which 6 went to a formal Grievance. In FY 10-11 of 635, 3 went to a formal Grievance. The total number of outpatient RCP's increased from 426 in FY 08-09 to 527 FY 09-10, to 635 in FY 10-11 to 738 in FY 11-12, and to 1123 in FY 12-13. This increase is primarily due to increased submission of required reports by providers.

**TABLE 2: QUARTERLY OUTPATIENT RCP: FIVE YEAR TREND  
FY 08-09 TO FY 12-13**

Quarter	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13
<b>1<sup>st</sup> Quarter</b>	65	122	174	170	251
Percent	15.3%	23.1%	27.4%	23.0%	25.8%
<b>2<sup>nd</sup> Quarter</b>	65	98	135	175	223
Percent	15.3%	18.6%	21.3%	23.7%	22.9%
<b>3<sup>rd</sup> Quarter</b>	132	151	169	212	253
Percent	31.0%	28.7%	26.6%	28.7%	26.0%
<b>4<sup>th</sup> Quarter</b>	164	156	157	181	246
Percent	38.5%	29.6%	24.7%	24.5%	25.3%
<b>Total</b>	426	527	635	738	973
Percent	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2 shows total RCP Grievances by Quarter and shows a trend of increased reporting by providers during the above five reporting years.

**TABLE 3: PROVIDERS' QUARTERLY OUTPATIENT RCP LOG REPORTS  
FY 09-10 TO FY 12-13**

	FY 09-10				FY 10-11				FY 11-12				FY 12-13			
	Quarters				Quarters				Quarters				Quarters			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
<b>Providers' RCP Log Reports</b>																
	122	98	151	156	247	236	222	223	252	246	248	244	272	245	302	304
Percent	37.9%	30.4%	46.9%	48.4%	64.2%	61.3%	57.7%	57.9%	59.2%	57.7%	58.2%	57.3%	62.7%	56.5%	69.6%	70.0%
<b>Total Providers</b>	322	322	322	322	385	385	385	385	426	426	426	426	434	434	434	434

Table 3 shows that in FY 09-10 the Fourth Quarter had the highest RCP Logs submitted by providers. In FY 10-11 and FY 11-12 the First Quarter had the highest RCP Logs submitted by providers. In FY 12-13 again the Fourth Quarter had the highest RCP logs submitted by providers.

**TABLE 4: PROVIDERS' QUARTERLY OUTPATIENT RCP LOG REPORTS  
FY 09-10 TO FY 12-13**

	<b>FY 09-10</b>	<b>FY 10-11</b>	<b>FY 11-12</b>	<b>FY 12-13</b>
<b>Providers' RCP Log Reports</b>	156	247	252	412
Percent	48.4%	64.2%	59.2%	94.9%
<b>Total Providers</b>	322	385	426	434

Table 4 shows that overall RCP log submission rate increased by 10.8% from 48.4% in FY 09-10 to 59.2% in FY 11-12. The total percentage in FY 12-13 was 94.5%. Between FY 09-10 and FY 10-11 there was a 15.8% increase in RCP logs submitted. Between FY 10-11 and FY 11-12 there was a 5.0% decline in RCP logs submitted. From FY 11-12 to FY 12-13 there was a 35.3% increase.

**TABLE 5: OUTPATIENT RCP REASONS BY  
PERCENT APPROVED AND RANK ORDER  
FY 10-11 TO FY 12-13**

Reason*	FY 2010 - 2011			FY 2011 - 2012			FY 2012 - 2013		
	Number of Requests	Rank Order	Percent Approved	Number of Requests	Rank Order	Percent Approved	Number of Requests	Rank Order	Percent Approved
Not A Good Match	200	1	83.00%	263	1	90.11%	320	1	91.25%
Uncomfortable	172	2	87.79%	221	2	86.69%	255	2	89.02%
Treatment Concerns	124	3	90.32%	154	4	89.61%	168	5	87.50%
Other	118	4	89.83%	151	5	82.78%	221	3	84.82%
Does Not Understand Me	104	5	78.85%	173	3	89.02%	193	4	89.12%
Lack of Assistance	97	6	88.66%	134	6	88.06%	155	7	87.10%
Insensitive/Unsympathetic	89	7	87.64%	125	7	88.00%	157	6	89.17%
Medication Concerns	84	8	86.90%	107	8	92.52%	121	8	85.95%
Gender	64	9	91.19%	83	10	87.95%	109	10	89.91%
Not Professional	64	10	82.81%	99	9	88.89%	108	11	87.96%
No Reason Given	57	11	80.70%	69	11	78.26%	112	9	84.82%
Language	55	12	92.73%	54	12	92.59%	75	12	93.33%
Time/Schedule	47	13	91.49%	48	14	91.67%	62	13	90.32%
Want Previous Provider	29	14	86.21%	35	15	74.29%	45	14	75.56%
Want 2 <sup>nd</sup> Opinion	27	15	85.19%	49	13	85.71%	43	15	81.40%
Age	19	16	78.95%	18	16	83.33%	28	16	85.71%
Treating Family Member	5	17	100.00%	18	16	94.44%	15	17	93.33%
<b>Total</b>	<b>1,355</b>	<b>N/A</b>	<b>N/A</b>	<b>1,801</b>	<b>N/A</b>	<b>N/A</b>	<b>2,187</b>	<b>N/A</b>	<b>N/A</b>
<b>FY Average</b>	<b>N/A</b>	<b>N/A</b>	<b>87.19%</b>	<b>N/A</b>	<b>N/A</b>	<b>87.29%</b>	<b>N/A</b>	<b>N/A</b>	<b>87.42%</b>

\*Sorted by Number of Requests in FY 10-11.

Data Source: LACDMH Patients' Rights Office.

Table 5 shows the reasons for change of provider in rank order from highest to lowest. The most common reason for a RCP is “Not a Good Match” which comprised 200 requests in 2010-11, 263 requests in 2011-12, and 320 requests in 2012-13. The least common request was “Treating a Family Member” which comprised 5 requests in 2010-11, 18 in 2011-12, and 15 in 2012-13.

The most approved reason for a RCP in FY 2010-2011 at 100%, FY 2011-12 at 94.4%, and 93.3% in FY 12-13 was “Treating a Family Member.” For the past three fiscal years, on an average 87% of change of provider requests from beneficiaries were approved.

### **Conclusions and Recommendations**

1. QID will continue to work with PRO to secure an electronic system of data collection to track and analyze RCP information.
2. The revised policy and procedure 200.02 enabling providers to email RCP logs to PRO may have contributed to the noticeable improvement in the submission of RCP Logs. This rate of improvement will continue to be monitored in FY 13-14 consistent with the QI Work Plan Goals.
3. Continue to provide this report to the Service Area Quality Improvement Committees for their distribution and action as appropriate.
4. The Request for Change in Provider form needs to be translated into all threshold languages. All consumers should have access to this key informing material.